## **AKRON CITY PLANNING COMMISSION**

REF. SECTIONS 153.460-.492 OF THE CODE OF ORDINANCES OF AKRON, OHIO 2004

To:	City Council, Akron, Ohio		Date:	_		
The undersigned (circle one) <b>owner / holder of option / lessee /</b> of the property herein involved, does hereby petition for a Conditional Use as provided under the Code of Ordinances, Section 153.460492 for purposes set forth below.						
SUPPORTING INFORMATION IF ALL THE APPLICABLE PROVISIONS BELOW ARE NOT SUPPLIED WITH THIS PETITION, NORMAL PROCESSING WILL NOT OCCUR UNTIL ALL ITEMS ARE SUBMITTED.						
1. The	. The property is addressed as (or has frontage on):					
2. The proposed use is:						
3. Estimated TOTAL project cost:						
4. Attach two (2) sets of plans drawn to scale including:						
	Street names and addresses Location of property Location of building(s) Dimensions of property and building(s)	Circulation drives Traffic access	Landscaping Yards Open space Interior arrangement	Building elevations Signs Utilities Refuse & service areas		
5. If plans were drawn using AutoCAD, please submit a copy on a <b>CD-ROM</b> . (See specification list.) Please label the disk with the name of applicant and the site address.						
<ol> <li>Attach a copy of the <b>property deed</b> for all parcels involved in this Conditional Use or a <b>legal</b> description prepared by a registered surveyor.</li> </ol>						
7. Attach <b>photographs</b> of the existing site, sufficiently labeled.						
8. Attach a <b>letter/narrative statement</b> containing: (a) comments relating to the above requirements; (b) explanation of economic impact and mitigation of noise, glare and odor effects on adjoining property; and (c) general compatibility with adjacent and other properties in the district.						
PRINT / TYPE name of <b>OWNER(S)</b>			PRINT / TYPE name of	Holder of optionLessee		
SIGNATURE:			SIGNATURE:			
Address:			Address:			
City, State:			City, State:			
Zip: Phone:_()			Zip: Phon	e: <u>(</u> )		

Email: \_\_\_\_\_

## **ALSO NOTIFY:**

## **ALSO NOTIFY:**

Relationship to Petitioner (agent, attorney, princ	ipal, etc.) Relationship to	Relationship to Petitioner (agent, attorney, principal, etc.)	
PRINT / TYPE  SIGNATURE:  Address:  City, State:  Zip: Phone:  Email:	Address:		
Municipal Building Room	t of Planning and Urban De 405, 166 S. High Street, Ak	evelopment, kron, OH 44308-1628	
Conditional Use Request	See the following table:		
\$0 - \$5,000 \$5,001 - \$20,000 \$20,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$200,000 \$200,001 - more Sale/Lease of City-owned Land	<b>Applicable Fee</b> \$100 \$150 \$300 \$400 \$500 \$1,000	This is to certify that a fee of  \$ has been received for investigation incident to this proposal.  Receipt #	
PC – 2017		Signature of City Employee	
Councilperson Ward	1		

**COUNCIL TIME STAMP** 

**ZONING TIME STAMP** 

Title

## 2017 AKRON CITY PLANNING COMMISSION

**FILE DATE** 

JANUARY 13, 2017	DECEMBER 9, 2016

**MEETING** 

FEBRUARY 10, 2017 JANUARY 6, 2017

MARCH 10, 2017 FEBRUARY 3, 2017

APRIL 7, 2017 MARCH 3, 2017

MAY 5, 2017 MARCH 31, 2017

JUNE 2, 2017 APRIL 28, 2017

JULY 7, 2017 JUNE 2, 2017

AUGUST 11, 2017 JULY 7, 2017

SEPTEMBER 15, 2017 AUGUST 11, 2017

OCTOBER 13, 2017 SEPTEMBER 8, 2017

NOVEMBER 9, 2017 \*\* OCTOBER 6, 2017

DECEMBER 15, 2017 NOVEMBER 10, 2017

In order to become ELIGIBLE for placement on the above meeting dates, the accompanying petition/appeal <u>must</u> meet all of the requirements as listed in the petition/appeal. Submission on or before the file date does not guarantee placement on the corresponding meeting's agenda but enables you to become eligible for the meeting.

<sup>\*\*</sup> November 9<sup>th</sup> meeting is on a Thursday